

Please type a plus sign (+) inside the box

UTILITY

PATENT APPLICATION TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

MIT-264

First Inventor

Mark B. Roller et al.

Title

BIOABSORBABLE COATINGS OF SURGICAL DEVICES

Express Mail Label No.

EF195553150US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO:

Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)

(submit an original and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.

3. ☒ Specification [Total Pages 21]

(Preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 USC 113) [Total Sheets 4]

5. Oath or Declaration [Total Pages 4]

- a. ☒ Unexecuted (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. ☐ Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- 9. ☐ Assignment Papers (cover sheet & document(s))
- 10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
- 11. ☐ English Translation Document (if applicable)
- 12. ☒ Information Disclosure Statement
(IDS)/PTO-1449 ☐ Copies of IDS Citations
- 13. ☐ Preliminary Amendment
- 14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- 15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
- 16. ☐ Request and Certifications under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- 17. ☐ Other

18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed
Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

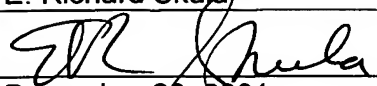
☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

Name: Philip S. Johnson, Esq.
Address: Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to E. Richard Skula at:
Telephone: (732) 524-2718 Fax: (732) 524-2808

21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	E. Richard Skula	Reg. No. 31061
SIGNATURE		
DATE	December 20, 2001	

EF 195553150 US

FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	
	Filing Date	December 20, 2001
	First Named Inventor	Mark B. Roller et al.
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	MIT-264

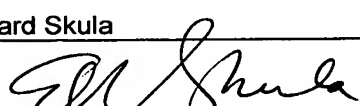
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$740.00
TOTAL CLAIMS	14 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	3 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$ 740.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/MIT264/ERS in the amount of \$740.00.
Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/MIT264/ERS. Three copies of this sheet are enclosed.

SUBMITTED BY:			<i>Complete (if applicable)</i>
Typed or Printed Name	E. Richard Skula		Reg. No. 31,061
Signature		Date: 12/20/2001	Deposit Account No. 10-0750

10037891 12/20/01